



DATE

RE #

ALBERTA / NWT DIVISION

Personal information *(Please print clearly)*

NAME			
ADDRESS			CITY
PROVINCE	POSTAL CODE	EMAIL ADDRESS	
PHONE (HOME)		PHONE (BUS)	CELL
EMERGENCY CONTACT			
PHONE		ALTERNATE PHONE	RELATIONSHIP TO EMERGENCY CONTACT
CITIZENSHIP OR IMMIGRATION STATUS <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent resident <input type="checkbox"/> Other (specify status):			
HAVE YOU MOVED IN THE PAST TWO YEARS? <input type="checkbox"/> No <input type="checkbox"/> Yes (If so, please provide previous address below for tracking purposes)			
ADDRESS		CITY	PROVINCE
			POSTAL CODE

Experience and background

To better understand your skills and personal interests, please provide the following information.

LANGUAGES SPOKEN <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other:		
EDUCATION AND TRAINING		
SKILLS/INTERESTS/HOBBIES (PLEASE CHECK ALL THAT APPLY)		
<input type="checkbox"/> General computer skills	<input type="checkbox"/> General office	<input type="checkbox"/> Photography
<input type="checkbox"/> Organizational skills	<input type="checkbox"/> Accounting/bookkeeping	<input type="checkbox"/> Public speaking
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Data entry/word processing	<input type="checkbox"/> Event organization
<input type="checkbox"/> Project management	<input type="checkbox"/> Other:	
CURRENT/PREVIOUS OCCUPATION		
VOLUNTEER EXPERIENCE		

Availability

I AM INTERESTED IN VOLUNTEERING...	
<input type="checkbox"/> Short-term (up to 6 months)	<input type="checkbox"/> Long-term (longer than 6 months)
<input type="checkbox"/> Occasionally (as needed and available)	
AVAILABILITY	
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Other:

Placement preference

In order to assist us in matching you with the best available volunteer position, please indicate which type of volunteer work you prefer.

SPECIAL EVENTS (CHECK ALL THAT APPLY)		
<input type="checkbox"/> Daffodil Days	<input type="checkbox"/> Relay For Life	<input type="checkbox"/> Jail-N-Bail
<input type="checkbox"/> Face Off Against Cancer	<input type="checkbox"/> Curl For Cancer	<input type="checkbox"/> Miscellaneous events
<input type="checkbox"/> Event driver (e.g. daffodil delivery)		
ONGOING OPPORTUNITIES (CHECK ALL THAT APPLY)		
<input type="checkbox"/> Office administration (e.g., data input, phoning, filing)		
<input type="checkbox"/> Volunteer Driver Program (driving people to and from cancer-related appointments)		
<input type="checkbox"/> CancerConnection (cancer survivor and caregiver peer support program)		
<input type="checkbox"/> Leadership committee (e.g., event committee member, board member and governance)		
<input type="checkbox"/> Other:		

Volunteer program

HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM?
IS THERE A REASON YOU HAVE CHOSEN TO VOLUNTEER WITH THE CANADIAN CANCER SOCIETY? (OPTIONAL)

References

Please provide three references. Please note that you can use a Canadian Cancer Society staff member as a reference; however, you cannot use a family member as one of your references.

NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE

Background check

Due to the nature of some of our volunteer positions, the Canadian Cancer Society may require the following background checks be conducted:

1. Criminal Record Check
2. Driving Record
3. Confirmation of professional designation (e.g., CA, CPA, LLB, etc.)

SIGNATURE (IF UNDER 18, THIS FORM MUST BE SIGNED BY A PARENT OR GUARDIAN)	BIRTHDAY (OPTIONAL)
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Thank you for your interest in the Canadian Cancer Society. Please return this form to your local Canadian Cancer Society office.

The Canadian Cancer Society respects the privacy of our clients and stakeholders. We do not sell or trade the personal information. We use the information collected on this form to keep you informed about this and future events and for project evaluation. We may use this information to inform you about Society programs, services, events and volunteer, revenue development and educational opportunities. We honour all requests for removal from any and all mailing lists and all requests for donor anonymity. To correct or confirm your information, please contact the nearest Canadian Cancer Society office. For questions or concerns about our privacy practices, please contact our privacy officer at 1-800-661-2262 or privacy.officer@cancer.ab.ca. You may obtain a copy of our privacy policy at any Society office or at cancer.ca. **Volunteer Driver Program privacy information:** The Canadian Cancer Society uses a software service provider located in the USA to help schedule rides for cancer patients enrolled in the Volunteer Driver Program. The personal information we transfer will be subject to both Canadian laws and the laws of the American states in which it is stored and processed by our service provider. If you have any questions or would like written information about the Canadian Cancer Society's privacy policies and practices on the use of this service provider outside of Canada, please contact our privacy officer 1-800-661-2262 or privacy.officer@cancer.ab.ca.



Thank you for volunteering with the Canadian Cancer Society. The Canadian Cancer Society raises money for research, education and community service programs for the Alberta and Northwest Territories regions. Without your support, the Canadian Cancer Society would not be able to reach our goals and support people living with cancer.

As a volunteer, the Canadian Cancer Society requires your agreement on the following:

1. I will **abstain** from smoking while volunteering and I recognize that all Canadian Cancer Society events or services are smoke free.
2. I will **abstain** from any use of alcohol or drugs prior to and while volunteering at Canadian Cancer Society events.
3. If I act as a volunteer driver, I **agree** to abide by the terms and conditions of policy pertaining to drivers and I will **provide** copies of my driver's abstract and proof of insurance to the Canadian Cancer Society, as and when required. I further agree that if there are any material changes to my driver's abstract or insurance that I will notify the Canadian Cancer Society of such changes immediately and provide copies of the relevant documents.
4. I grant **permission** to the Canadian Cancer Society to use my name, any photo or video images of me and any comments made by me in writing or otherwise, for promotional purposes in any form of media (e.g., TV, radio or print).
5. I understand that **confidentiality** is fundamental to all programs of the Canadian Cancer Society and I will be sensitive to the need for confidentiality. Obligation to keep these matters confidential continues throughout and beyond volunteers' tenure with the Canadian Cancer Society. This confidentiality includes, but is not limited to, the non-disclosure of the terms and conditions of volunteer contract, that of others' volunteer contracts, and patient, donor, or employee information. Should you be given any property of the Canadian Cancer Society, including keys and/or access passes, or copies of confidential material, acknowledge that they remain the property of the Canadian Cancer Society, they will not be duplicated for personal purposes, and will be returned at the time of termination. By signing below, I am indicating that I will not use or disclose in any manner to any third party (other than to Canadian Cancer Society attorneys, auditors or authorized government officials) any information without the prior express written consent of the Canadian Cancer Society.
6. I understand that I **cannot** give medical advice (which includes comments and suggestions that personalize medical information and influence treatment decisions). If someone is seeking information, I will direct him or her to a Canadian Cancer Society employee.

(Please turn over)



No personal convictions or ideals will be imposed on program participants. This includes religious or any other personal beliefs or philosophies.

7. I understand that I am representing the Canadian Cancer Society during my time volunteering and I agree to **act** in a **professional** manner at all times.
8. I will **not use** the Canadian Cancer Society's **logo** on any platform, including social media, unless I have received the Society's **consent** and **approval**. I will also **only use** the pre-approved **marketing** and **media materials** that the Society provides to volunteers to raise awareness of the Society's events and life-saving work.
9. **I voluntarily and freely assume all risks** of loss, damage, injury or death that I may sustain as a result of my participation in any Canadian Cancer Society activities and hereby **release and discharge** the Canadian Cancer Society, its agents, employees, directors and licensees from any claim or action that I may have with respect to my participation in any Canadian Cancer Society activities and/or while volunteering for the Canadian Cancer Society. This **waiver** is binding on me, my heirs, next of kin, executors, administrators and insurers.

Volunteer signature

Witness signature

Volunteer name (PLEASE PRINT)

Witness signature (PLEASE PRINT)

Date

Date